

HAZARDOUS MATERIAL REPORT

(General Municipal Law § 209-u)

Note: This form must be submitted to the local fire chief.

Policy anniversary date _____

This form is to be filled out by every fire insurance policyholder who conducts business in the State of New York and has had hazardous material (as defined in the instructions) at any permanent place of business within the past year in excess of the amounts set forth in the instructions. A SEPARATE REPORT FOR EACH LOCATION MUST BE FILED WITH THE LOCAL FIRE CHIEF ANNUALLY ON OR BEFORE THE ANNIVERSARY DATE OF THE POLICY. Any person who fails to file in accordance with the provisions of section 209-u of the General Municipal Law may be subject to a fine.

Please print or type.

I Firm name ARYL, INC.
Business address 21 ISABELLE ST.
City, state, zip BUFFALO, NY, 14207
Phone no. (716) 875-6681
*Emergency contact JOHN STACHURSKI
*Phone no. SAME

II Hazardous material location** SAME

Street address, not P.O. Box or

Rural Route _____

Bldg. name or no. _____

City, state, zip _____

Fire Department _____
(name)

*Contact person must be capable of providing technical assistance regarding hazard.

**A separate form should be filled out for each building.

III Request for exemption. (This should be filed with the fire chief at least 30 days prior to the anniversary date of the policy.)

☐ I request an exemption from reporting under section 209-u of the General Municipal Law. (Please attach a separate sheet stating exact reasons for the request.)

IV

FOR FIRE DEPARTMENT USE ONLY

☐ Your request for an exemption is granted and expires one year from the anniversary date of the policy.

☐ Your request for an exemption requires additional information. Please provide the following: _____

☐ Your request for an exemption is denied (see attached reasons for denial). A hazardous material report must be submitted on or before the anniversary date of the policy.

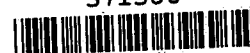
NOTE: The policyholder must be told what decision has been made on the exemption request at least 10 days before the anniversary date of the policy.

Name of Chief
(please print or type)

Fire Department Name and Address

Date

Signature of Chief



Note: Definitions of symbols are on the second page of the instruction sheet.

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**ETIOLOGIC AGENTS
BIOMEDICAL MATERIAL
IN CASE OF DAMAGE
OR LEAKAGE
NOTIFY DIRECTOR CDC
ATLANTA, GEORGIA
404/633-6313**

VI Special Considerations/Remarks: